



**MEMBER ID \***



**NOTE: *All information should be written legibly and boldly in CAPITAL LETTERS*  PTO**

I HEREBY NOMINATE THE PERSON(S) BELOW AS MY DEPENDANTS TO RECEIVE DEATH AND SURVIVAL BENEFITS IN THE EVENT OF MY DEATH:

**(TIER 2)**

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| NAME OF BENEFICIARY | DATE OF BIRTH OF  BENEFICIARY(DDMMYY) | | | RELATIONSHIP OF BENEFICIARY TO CONTRIBUTOR | POSTAL ADDRESS OF  BENEFICARY | EMAIL ADDRESS OF BENEFICIARY | CELL PHONE NUMBER OF BENEFICIARY | PERCENTAGE ALLOCATION TO BENEFICIARY  (To Total 100%) |
| DD | MM | YYYY |
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**(TIER 3)**

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| NAME OF BENEFICIARY | DATE OF BIRTH OF  BENEFICIARY(DDMMYY) | | | RELATIONSHIP OF BENEFICIARY TO CONTRIBUTOR | POSTAL ADDRESS OF  BENEFICARY | EMAIL ADDRESS OF BENEFICARY | CELL PHONE NUMBER OF BENEFICARY | PERCENTAGE ALLOCATION TO BENEFICARY  (To Total 100%) |
| DD | MM | YYYY |
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ENTERPRISE GROUP KYC CONSENT FORM

1. Do you hereby authorize us to collect, process and use your personal data for the purpose of providing [insurance]?

[Pension] [Funeral] [Property] services in accordance with our Privacy Notice? □ Yes □ No

1. Do you consent to us sharing your personal data with other companies in the Enterprise Group for marketing activities? □ Yes □ No
2. Please be informed that you may withdraw your consent and opt-out of any or all of the marketing activities at any time.
3. Please indicate through which media/channel you are permitting us to contact you: (please tick as appropriate)

Email: 

Telephone: 

SMS: 

Social Media Handles:

FACEBOOK TWITTER INSTAGRAM LINKEDIN

   

***PLEASE EITHER THUMB PRINT, SIGN OR BOTH***

**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| *NAME OF COPORATE TRUSTEES* |  |
| *NAME OF SCHEME* |  |
| *TYPE OF SCHEME* |  |
| *TIER 2 / 3 MEMBER ID* |  |

SIGNATURE OF CONTRIBUTOR

|  |  |
| --- | --- |
| **LEFT THUMB** | **RIGHT THUMB** |
|  |  |

DATE SIGNED